



Commercial Mortgage Banker Renewal

Application for License Renewal for License Year 04/01/2008 to 03/31/2009

Page 1 of 7

TIME SENSITIVE

As long as a license was issued on or before 3/31/2008, the license must be renewed.

As long as a licensee appears on our website they are an ACTIVE licensee – even though they are in a renewing status.

Refer to A.R.S. § 6-980(A). **Licenses not renewed by March 31 are suspended** and the licensee shall not act as a commercial mortgage banker until the license is renewed or a new license is issued pursuant to this article. A person may renew a suspended license by paying the renewal fee plus \$25.00 (twenty-five dollars) for each day after March 31 that a license renewal fee is not received by the Department and making application for renewal as prescribed by the Superintendent. **Licensees that are suspended cannot conduct business.** Licenses that are not renewed by April 30, 2008 are closed for non-renewal.

Renewal should have the current information listed. The Department is to be provided written notice when any of the changes to your license has occurred. If any changes have taken place during the past license year and the Department has not been notified, this information must be submitted immediately and **prior** to submitting your renewal application. Form is available at http://azdfi.gov/Licensing/AppPack/ML_App.htm under the **Description** of "Uniform Mortgage Amendment Change" see Arizona Specific MU Amendment Changes Form.

Do not hold up filing the renewal form because the current **CPA Bound** audited financials are not completed. Make arrangements with your CPA Company to provide you with a **CPA Bound Copy** of your current audited financials. Copies are not acceptable. Each renewal needs their own CPA Bound audited financials; one for each principal license with our Department (do not include branches).

We require a current "Certificate of Good Standing" from the Arizona Corporation Commission with your renewal, if the license is subject to the Arizona Business Corporation Act regulated by the Arizona Corporation Commission (ACC). If you are licensed with our Department as a sole proprietor or partnership this does not apply to you. Contact the ACC Corporate Records Section at 602-542-3026 or go to their website @ www.cc.state.az.us to find out how to get this certificate online. Pull up your company name on their website and click on the "Check Corporate Status". Follow their instructions for downloading the Certificate. We also need a **"Certificate of Good Standing"** from the state you are incorporated or organized in, if applicable.

Renewal Verification: To verify if your renewal has been received or processed and renewed, check our website at www.azdfi.gov at List of Licensees. If it shows RENEWING this means DFI has received your renewal. If the expiration date is "3/31/2009" this means you have been renewed. Phone verifications will not be done until after all Renewals have been processed. **FYI:** Lenders do utilize this method for verifying whether you have renewed or not. If you have loans in process this could cause problems with that Lender if you are not showing renewed.

Lenders: If a licensee is on our website and they are showing "Renewing" they are still able to conduct business. Licensees who have been suspended or closed will not appear on our website. *Licensees please provide your lenders with a copy of this notice if they are questioning your "Active" status.*

Licensee: By submitting a renewal does not mean that you are automatically renewed. DFI must review each renewal application. Check with your courier if you need delivery confirmation. Check with your bank to see if your check has been cashed. OR **Check our website at www.azdfi.gov and go to "List of Licensees" to see if your renewal has been received; it will show renewing if DFI has received your renewal.**

Checks: Each renewal **must** have its own check. Do not do a separate check for each branch location. If you have multiple Arizona principle licenses (not branches) with different dba's do not include all companies on one check. Fingerprints are done on a separate check. Call for guidance.

- **Incomplete Renewal Applications Will Not Be Renewed**
- **Arizona Does Not Issue New Licenses Once You Have Been Approved**
- **Make Checks Payable To: Arizona Department of Financial Institutions or AZDFI**



Commercial Mortgage Banker Renewal

Application for License Renewal for License Year 04/01/2008 to 03/31/2009

Page 2 of 7

Legibly Print Or Type All Information - Do not leave any blanks

There must be an answer provided for each inquiry therefore, if not applicable use "None" or "N/A"

Do not add attachments in lieu of completing our form.

1. Principal ARIZONA Licensed Location:

| | | | | | |
|--------------------|--|-------------|---------------------------|------------------|--|
| Company Name: | | | License #: CBK- | | |
| Doing Business As: | | | | | |
| E-Mail Address: | | | | | |
| Physical Address: | | | | | |
| City: | | | | State: | |
| | | | | Zip Code: | |
| Telephone Number: | | FAX Number: | | Tax ID Number: | |
| | | | | Fiscal Year End: | |

2. Mailing Address if different from the above licensed primary address:

| | | | | | |
|-------------------|--|--|-----------------|--|-----------|
| Physical Address: | | | E-Mail Address: | | |
| City: | | | State: | | Zip Code: |
| | | | | | |
| Telephone Number: | | | FAX Number: | | |

3. Corporate Address: (if different from principal licensed location in Arizona)

| | | | | | |
|-------------------|--|--|-----------------|--|-----------|
| Company Name: | | | | | |
| Physical Address: | | | E-Mail Address: | | |
| City: | | | State: | | Zip Code: |
| | | | | | |
| Telephone Number: | | | FAX Number: | | |

4. Arizona Responsible Individual: Must attach a legible copy of the Arizona driver's license.

| | | | | | |
|---------------------------------------------------------------------------------------------------------------|--|--|-----------------------------|--|-----------|
| Name: | | | Title: | | |
| Is the Arizona Responsible Individual an Arizona resident? | | | AZ Driver's License Number: | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Residential Address: | | | City: | | State: |
| | | | | | Zip Code: |
| Residential Telephone Number: | | | Email Address: | | |
| | | | | | |
| List other Arizona Business interests of the responsible individual. Use addition sheets, if necessary | | | | | |
| Name of Business: | | | Capacity: | | |
| | | | | | |
| Name of Business: | | | Capacity: | | |
| | | | | | |

5. Complete the following with which you are authorized to do business: If you are not authorized to do business with any of the following, the net worth requirement is \$250,000. Or the following does not apply ☐
NOTE: If you have not done so in the past provide a copy of the approval. For each suspended "Yes" box you check, give full details on separate sheet.

| Authorized by | Mortgagee No. | Date Approved | Ever Suspended |
|--------------------------------------------------------------------------|---------------|---------------|----------------------------------------------------------|
| a. <input type="checkbox"/> FHA (Federal Housing Administration) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. <input type="checkbox"/> VA (Veterans Administration) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. <input type="checkbox"/> FNMA (Federal National Mortgage Association) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. <input type="checkbox"/> FHLMC (Federal Home Loan Mortgage Company) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. <input type="checkbox"/> Other (Provide name) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

6. Do you use any investors that are not institutional investors:

If yes**, bond amount is \$100,000 *If no**, bond amount is \$25,000. See A.R.S. 6-975.C. for bond amounts.

☐ *Yes ☐ **No

7. Are you carrying the appropriate bond coverage? How much? _____

☐ Yes ☐ No



Commercial Mortgage Banker Renewal

Application for License Renewal for License Year 04/01/2008 to 03/31/2009

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|-------------------------------------------------------------|
| 8. Has the licensee (NOT THE PARENT OR ANY SUBSIDIARIES) maintained the statutory minimum net worth requirement at all times over the past 12 months? If you answered "No" you will need to submit a written explanation and copies of all your in-house Balance, Profit & Loss for January through December. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Provide the following information for the end of the most recent fiscal year for the licensee. If your audited financials are not completed, use your in-house fiscal year end figures here. | | | |
| a. Your Fiscal Year End Date: | b. Net Worth: \$ | c. Total Assets: \$ | |
| d. Unpaid balance of loans (nationwide) which the licensee has contracted to service for others: \$ | | | |

9. Current Audited Financial Statements. The licensee must include current **CPA Bound** audited financials on itself or that of its parent company that have been prepared by an independent certified public accountant in accordance with generally accepted accounting principles with this renewal application. The CPA must include all of the following in the audited financial statements package: **DO NOT SEND A COPY.**

- 1) The certified public accountant's opinion as to the fairness of the presentation in conformity with GAAP
- 2) A balance sheet prepared within the previous six months and certified by the licensee. (A more recent balance sheet may be required.)
- 3) A statement of operations and retained earnings and a statement of changes in financial position.
- 4) Notes to the financial statement if applicable.

The commercial mortgage banker statute does not allow for extension of time to file your audited financials. You may need to arrange to have your audited financials completed at a different time of year in order to file them timely. *Do not enclose audited financials that have already been filed with our office with past renewals. **Do not hold up the renewal if the audited financials are not ready.***

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| a. Has the Licensee enclosed current CPA Bound audited financials (within last 6 month)? If the audited financials are on the Parent company, you will need to provide a current signed Balance Statement, Profit & Loss Statement on the Licensee. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If No, You are in violation. Provide date when we can expect them. It will be your responsibility to send them ASAP. We will not provide a reminder notice. Your renewal is incomplete until financials are received. The Superintendent may deny your renewal if you do not provide financials. | Date: |
| b. If audited financials are older than 6 months, we require a current signed Balance Statement, Profit & Loss statement. Have you enclosed a current signed Balance Statement, Profit & Loss statement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. Auditing Firm:

| | | | |
|-------------------|-------------|--------|-----------|
| Name: | | | |
| Address: | City: | State: | Zip Code: |
| Telephone Number: | FAX Number: | | |

11. The Company needs to provide the total number of loans and dollar volume of mortgage banking loans and mortgage loans made or negotiated in the calendar year (January 1 through December 31, 2007). (Nationwide Not just Arizona loans. See A.R.S. 6-126.C.6)

| | | | |
|---------------------------|--------------------------|---------------------|--------------|
| a. Number of Loans | Located in other states: | Located in Arizona: | Grand Total: |
| b. Dollar Volume | Located in other states: | Located in Arizona: | Grand Total: |

12. In regards to keeping records off-site or out-of-state; and/or on a computer or mechanical record keeping system; see statute A.R.S. 6-983(A) for compliance. If you agree to all conditions listed under A.R.S. 6-983(A), provide the location where the Arizona records will be kept.

| | | | | |
|--------------------------------------------------------------------------------|--------|-------------------|-----------|----------------------------------------------------------|
| Will records be kept on a computer or mechanical record keeping system? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | City: | State: | Zip Code: | |
| Contact Person: | Email: | Telephone Number: | | |



Commercial Mortgage Banker Renewal

Application for License Renewal for License Year 04/01/2008 to 03/31/2009

13. Current Ownership. If applicant is owned by an entity, provide the name of the entity and its corporate financials. If owned by individuals, provide the names and percentage owned of each person. List additional owners on a separate sheet.

| Name | Title | % Owner |
|---------------------------|-------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Ownership Must total 100% | | % |

14. Control. List all persons who have the power to vote more than twenty percent of outstanding voting shares of the licensed corporation, partnership, association or trust. List additional names on a separate sheet.

| Name | Title | % of outstanding voting shares |
|------|-------|--------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

15. List the top (5) persons (the persons who make the day to day decisions); officers directors, partners, members, trustees whichever is applicable. If any of the top (5) people on file have changed and you have not sent us a Biographical Statement Form and a Fingerprint Card for that person then you must do so now. (Fingerprint Fee is \$24 per card and should be on a **separate check** from renewal fees) See "Changes to your License".

| | | | |
|--------------------------|-----------------|-----------------|--------------------|
| a. Name: | | Capacity/Title: | Years in Business: |
| Other Arizona interests: | E-Mail Address: | Capacity/Title: | Years in Business: |
| b. Name: | | Capacity/Title: | Years in Business: |
| Other Arizona interests: | E-Mail Address: | Capacity/Title: | Years in Business: |
| c. Name: | | Capacity/Title: | Years in Business: |
| Other Arizona interests: | E-Mail Address: | Capacity/Title: | Years in Business: |
| d. Name: | | Capacity/Title: | Years in Business: |
| Other Arizona interests: | E-Mail Address: | Capacity/Title: | Years in Business: |
| e. Name: | | Capacity/Title: | Years in Business: |
| Other Arizona interests: | E-Mail Address: | Capacity/Title: | Years in Business: |

16. Read Carefully. Requires an answer. List all occupational or professional licenses the licensee or an, officer, director, trustee, partner or responsible individual has been denied, revoked, suspended or had an Administrative Order or Action issued against it by an agency of ANY state or the federal government since the last renewal. Provide copies of the documentation that shows the Action & Final Disposition & Letter of Good Standing. Write "None or NA" if this question does not apply.

| | | | |
|---------------------------|-----------------|------------------|--|
| Name on License: | | Type of License: | |
| Name of Licensing Agency: | Type of Action: | Date of Action: | |
| Name on License: | | Type of License: | |
| Name of Licensing Agency: | Type of Action: | Date of Action: | |
| Name on License: | | Type of License: | |
| Name of Licensing Agency: | Type of Action: | Date of Action: | |

If more space is needed attach a separate sheet with the documentation.



Commercial Mortgage Banker Renewal

Application for License Renewal for License Year 04/01/2008 to 03/31/2009

Page 5 of 7

17. If the answer to any of the following is "YES", provide complete details of all events or *proceedings* in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or *proceeding*; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the form MU1 instructions (located at http://www.azdfi.gov/Licensing/AppPack/ML_App.htm) for explanations of italicized terms. **Remember to file updates of these disclosures as needed.**

| Criminal Disclosure | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| (A) Has the <i>applicant</i> or a <i>control affiliate</i> ever: | | |
| (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) been <i>charged</i> with any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (B) In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> : | | |
| (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services or a financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) been <i>charged</i> with a <i>misdemeanor</i> specified in 17(B)(1)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Regulatory Action Disclosure | | |
| (C) In the past ten years, has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> : | | |
| (1) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with a <i>financial services-related</i> activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) denied, suspended, or revoked the <i>applicant's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i> , prevented it from associating with a <i>financial services-related</i> business or restricted its activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| (D) Has the <i>applicant's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| (E) Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 17(C)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Civil Judicial Disclosure | | |
| (F) (1) Has any domestic or foreign court: | | |
| (a) in the past ten years <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>financial services-related</i> activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) in the past ten years <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to be in violation of any <i>financial services-related</i> statute(s) or regulation(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) in the past ten years dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a State or <i>foreign financial regulatory authority</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Is the <i>applicant</i> or a <i>control affiliate</i> named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 17(F)(1)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial Disclosure | | |
| (G) In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> been a mortgage lender or a mortgage broker or a <i>control affiliate</i> of a mortgage lender or a mortgage broker that has been the subject of a bankruptcy petition? | <input type="checkbox"/> | <input type="checkbox"/> |
| (H) Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (I) Does the <i>applicant</i> have any unsatisfied judgments or liens against it? | <input type="checkbox"/> | <input type="checkbox"/> |



Commercial Mortgage Banker Renewal
Application for License Renewal for License Year 04/01/2008 to 03/31/2009

18. List all names, locations and license numbers of branches. Do not count or list the Arizona Principal Location as a Branch.
(Make copies of this page for listing additional branches if necessary.) ***Return original licenses of locations not being renewed.***

| | | | |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------|-----------|
| a. Designated Branch Manager (Overseer or Contact Person) | Branch Number CBKBR- | | |
| Address: | City: | State: | Zip Code: |
| Telephone Number: | Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location | | |
| b. Designated Branch Manager (Overseer or Contact Person) | Branch Number CBKBR - | | |
| Address: | City: | State: | Zip Code: |
| Telephone Number: | Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location | | |
| c. Designated Branch Manager (Overseer or Contact Person) | Branch Number CBKBR - | | |
| Address: | City: | State: | Zip Code: |
| Telephone Number: | Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location | | |
| d. Designated Branch Manager (Overseer or Contact Person) | Branch Number CBKBR - | | |
| Address: | City: | State: | Zip Code: |
| Telephone Number: | Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location | | |
| e. Designated Branch Manager (Overseer or Contact Person) | Branch Number CBKBR - | | |
| Address: | City: | State: | Zip Code: |
| Telephone Number: | Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location | | |
| f. Designated Branch Manager (Overseer or Contact Person) | Branch Number CBKBR - | | |
| Address: | City: | State: | Zip Code: |
| Telephone Number: | Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location | | |
| g. Designated Branch Manager (Overseer or Contact Person) | Branch Number CBKBR - | | |
| Address: | City: | State: | Zip Code: |
| Telephone Number: | Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location | | |

| | | | |
|---------------------------------------------------------|---|------------------------------|----|
| Total number of licensed branches being renewed: | # | X \$250.00 for each branch = | \$ |
|---------------------------------------------------------|---|------------------------------|----|

19. Fees: This calculation must include all loans for the entity nationwide, not just for the principal Arizona location. If you are uncertain about fees, contact the Department. Failure to submit the correct fees may result in cancelled licensed locations, processing delays and late fees.

| | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| \$1,250.00 | Fee is \$1,250.00 for the Arizona principal location. This is not a branch. Due on or before March 31. The Statutes do not provide for the postmark date as being timely. |
| \$ | Plus \$250.00 for each branch location listed in Question 18 above (Do not count the AZ principal location as a branch) |
| \$ | Total Fees Enclosed |

20. Certificate of Good Standing: Date must be within the last 3 months of the renewals due date.

NOTE: These certificates are not required if you are licensed as a sole proprietor or partnership.

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Have you enclosed a copy of the current "Certificate of Good Standing from the Arizona Corporation Commission? Corporations, LLC's, LC's must comply. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you enclosed a copy of the current "Certificate of Good Standing from your incorporated or organized state?" | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Commercial Mortgage Banker Renewal

Application for License Renewal for License Year 04/01/2008 to 03/31/2009

Page 7 of 7

21. Changes to License: NOTE: This renewal will not be processed until the appropriate paperwork is received for all changes.

Have there been any changes to licensee's name, address, officer(s), ownership or responsible individual change since your last renewal? ☐ Yes ☐ No

If yes above, does the Department have the appropriate paperwork on file? ☐ Yes ☐ No

22. Individual to contact regarding the processing of this Renewal:

| | | |
|-------------------|--------------------------|--------------------|
| Name: | Direct Telephone Number: | Direct Fax Number: |
| Contact's E-mail: | Company's E-mail: | |

23. Are all attachments properly labeled? ☐ Yes ☐ No

AZDFI does not issue new licenses just because a license renews. Check our website at www.azdfi.gov and go to "List of Licensees" to see if your renewal has been processed and accepted.

CHECKLIST -- DID YOU REMEMBER TO:

- ☐ Type or **legibly** print all answers.
- ☐ LEFT NO BLANKS - Answer ALL questions or statements, if not applicable completed with "NONE" or "N/A"
- ☐ Label all attachments properly
- ☐ Have an Officer of the Licensee sign the renewal & get it Notarized
- ☐ Enclose the current **CPA Bound** Audited Financials
- ☐ Enclose a **copy** of your Certificate of Good Standing from the Arizona **Corporation Commission**
- ☐ Enclose a **copy** of your Certificate of Good Standing from State of Domicile
- ☐ Enclose the prescribed fee(s)
- ☐ Do not include other companies or DBA's on the same check.
- ☐ Checks should be for this license and its branches only.
- ☐ Only one check is required if you have multiple branches. Do not submit separate checks for each branch.
- ☐ If applicable: Add the late fee of \$25 per day to your renewal if it will be received after March 31st.
- ☐ Make a copy, for your records, of your completed renewal before submitting the original to this Department

Make Check payable to:

Arizona Department of Financial Institutions or AZDFI

AND Remit To:

**2910 N. 44th Street, Suite 310
Phoenix, AZ 85018**

Affidavit – Must be Signed by an Officer and Notarized

STATE OF _____

ss

COUNTY OF _____

I _____ being duly sworn, depose and say that I have signed the
print officer's name
 foregoing application as _____ of the above named applicant, having full authority
print officer's title
 to sign such application in said capacity; that I have read said application and that the information contained therein is true.

 (Date)

 (Officer's Signature)

Subscribed and sworn to before me this _____ day of _____ 20 _____

 My Commission Expires

 (Notary Public Signature)